NEW MOORING Application Form

Town of Barrington Waters

Phone: (401) 437-3930

Fax: (401) 437-3939

Please return this form to: Harbormaster 100 Federal Road Barrington, RI 02806

<u>Directions</u>: Complete this form in its entirety. Sign the application and return to the Harbormaster's Office. Providing false or misleading information will result in forfeiture of mooring.

Date	PLEASE PRIN	<u>NT</u>		
Applicant's Name	LAST		FIRST	
			FIRST	N1.1.
Permanent Residence	CODEED		TOWN/OTEN	
	SIKEEI		TOWN/CITY	ZIP
Mailing Address			movent/come	
	STREET		TOWN/CITY	ZIP
Home Phone ()	1	Business Phone ()	
	VESSEL U	SING MOORIN	IG	
I currently own a boat to be	moored in Barrington _	I plan to l	ouy a boat of the follo	owing type
Vessel Name		Color	Type: Sail	Power
Total length (incl. bow roller/pu	lpit/outboard) D	raft Hull	ID No	
Documentation/ Registration	ı #	State Registr	ation #	
Does this vessel have a mari	ne head? Yes No_	Holding	Tank? Yes No_	
Vessel Owner(s)				
Applicant will be required to will be through a copy of US		-		ooring space. This
	MOORING LOCATIO	N DESIRED (se	parate form for each	location required)
Harbor Police Cove	Unner Barrington River	100 Acre Cove	Smith's Cove	
Barrington Beach Wester				
Land based access to my boat will l	oe from			
(if from private property, enclose a	letter granting permission)			
Once a mooring space is gra	nted the applicant has 1	10 days to compl	ete and nay for the sn	ecific registration
Once a mooring space is gra	nicu, the applicant has I	to days to compr	ete and pay for the sp	eeme registration
Applicant is required to noti intended vessel in order to re being dropped from the wait	emain on the waiting list	•		•
I certify that all information	provided in this moorin	ng application is	correct to the best of	my knowledge:
				
Signature			Date	